



Virginia Office of Emergency Medical Services
Division of Enforcement & Compliance
109 Governor Street, Suite UB-55
Richmond, Virginia. 23219

1-800-523-6019 (VA Only)
804-864-7600
Fax: 804-864-7580

APPLICATION FOR EMS PHYSICIAN ENDORSEMENT

Name: _____ Date: _____
Please Print

Social Security Number: _____ - _____ - _____ Virginia Medical License #: _____

EMS Council Region: _____ **Date of Birth** _____
(Complete a separate form for each applicable EMS council region)

Home Address: _____ Work Address: (Daytime Contact Info) _____

E-mail: _____ @ _____ E-mail: _____ @ _____

Phone: (_____) _____ Phone: (_____) _____

Fax: (_____) _____ Fax: (_____) _____

Pager # (_____) _____ Cell Phone # (_____) _____

Please complete all lines. Failure to complete the application will delay endorsement processing.

QUALIFICATION/REQUIREMENTS

(Attach the following required documentation with this application)

- _____ Unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine.
- _____ Documentation of Board (or other national organization) certification in Emergency Medicine
- _____ Documentation of Board certification in family practice, internal medicine or surgery issued by a National organization.

Successful course completion or current certification in: (attach the following required documentation)

- _____ Advanced Cardiac Life Support
- _____ Advanced Trauma Life Support
- _____ Pediatric Advanced Life Support
- _____ Medical Directors Course (Office of EMS Approved)
- _____ Other Equivalent Courses or Training (Completed within the last 5 years)

Applying for Endorsement as: _____ Both OMD and PCD
 _____ Operational Medical Director (OMD = EMS Agency Medical Director)
 _____ Physician Course Director (PCD = Training Course Physician)

I have read the Virginia EMS Physician Regulations and understand that by applying for endorsement as an OMD and/or PCD, I am required to comply with them. I also understand that I, as an OMD for an EMS Agency, am responsible for the medical care provided by affiliated technicians providing EMS care under my authority. I agree to complete an approved EMS Medical Direction Program within one year.

 Signature Date

A copy of this application and all required documentation must be submitted to the regional EMS council or local EMS resource for review before the Office of EMS will issue endorsement credentials.

Regional EMS Council / Local EMS Resource Use Only

FIPS Code _____

Date Application Received: _____ Reviewed: _____ By: _____
 Date Date Name

Application reviewed by Medical Direction Committee on: _____
 Date

Committee Recommendation: Approve: _____ Deny: _____ Further Review: _____

Recommendation entered by: _____
 Name Date

Application forwarded to Virginia Office of EMS on: _____
 Date

Virginia Office of EMS use only

Application received: _____
 Date Stamp Here

Application Reviewed: _____ By: _____
 Date Name

Meets Endorsement Requirements _____ Conditional _____ MDC Review _____

Application reviewed by Medical Direction Committee: _____
 Date

Endorsement: Approved: _____ Deny _____ Further Review _____
 State Reason

Conditional Endorsement Pending Medical Director Course Completion: _____

Endorsement Entered: _____ Expiration: _____
 Date Date